

MILITARY INTERDEPARTMENTAL PURCHASE REQUEST

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2. FSC		3. CONTROL SYMBOL NO.		4. DATE PREPARED * xx/xx/2004		5. MIPR NUMBER * XXXXXXXXXXXXX		6. AMEND NO. * #	
7. TO: * DISA/DITCO 2300 EAST DRIVE SCOTT, AFB, IL 62225-5406 ATTN:					8. FROM: (Agency, name, telephone number of originator) * AGENCY NAME/UNIT/DEPT # STREET ADDRESS CITY, STATE, ZIP POC, EMAIL & PHONE # (if not included below)				
9. ITEMS <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT INCLUDED IN THE INTERSERVICE SUPPLY SUPPORT PROGRAM AND REQUIRED INTERSERVICE SCREENING <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN ACCOMPLISHED.									
ITEM NO. a	DESCRIPTION (Federal stock number, nomenclature, specification and/or drawing No., etc.) b				QTY c	UNIT d	ESTIMATED UNIT PRICE e	ESTIMATED TOTAL PRICE f	
	* BASIC MIPR plus PREVIOUS AMENDMENTS							\$102.00	
	* ADDITIONAL FUNDS FOR XXXXXXXXXXXX or (DECREASE FUNDS) PLUS DITCO 2% FEE				1		\$1,020.00	\$1,020.00	
- Identify if Funds are Subject to Availability. If funds SAF, include \$ in Block 11. - Identify if Amend is Administrative Change only (i.e. LOA change, POP change, etc.)									
* CUSTOMER FINANCIAL POINT OF CONTACT (if not included in Block 8 above) Name, Phone number, EMAIL Address to send Acceptance to.									
NOTE: BLOCK 11 Amount equals Basic, Prev Amendments, and Current Action. BLOCK 14 Amount equals Current Action only.									
10. SEE ATTACHED PAGES FOR DELIVERY SCHEDULES, PRESERVATION AND PACKAGING INSTRUCTIONS, SHIPPING INSTRUCTIONS AND INSTRUCTIONS FOR DISTRIBUTION OF CONTRACTS AND RELATED DOCUMENTS.								11. GRAND TOTAL \$1,122.00	
12. TRANSPORTATION ALLOTMENT (Used if FOB Contractor's plant)					13. MAIL INVOICES TO (Payment will be made by) * Customer Payment Office Street Address, City, State ZIP PAY OFFICE DODAAD * If DFAS				
14. FUNDS FOR PROCUREMENT ARE PROPERLY CHARGEABLE TO THE ALLOTMENTS SET FORTH BELOW, THE AVAILABLE BALANCES OF WHICH ARE SUFFICIENT TO COVER THE ESTIMATED TOTAL PRICE.									
ACRN	APPROPRIATION	LIMIT/SUBHEAD	SUPPLEMENTAL ACCOUNTING CLASSIFICATION				ACCTG STA DODAAD	AMOUNT	
* XX	XXXXXXX	XXXX	XXXX Supplemental Data (Identify if Funds are Subject to Availability)				XXXXXX	\$1,020.00	
15. AUTHORIZING OFFICER (Type name and title) * Name, Title					16. SIGNATURE *			17. DATE * xx/xx/2004	

DD Form 448, JUN 72 (EG)

PREVIOUS EDITION IS OBSOLETE.